U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCION Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

## UTILITY PATENT APPLICATION TRANSMITTAL

| İ              | Attorney Docket No.  |                                      | P-5435(CON)          |  |  |  |  |
|----------------|----------------------|--------------------------------------|----------------------|--|--|--|--|
| First Inventor |                      | nventor                              | Morris (NMI)Samelson |  |  |  |  |
|                | Title                | Ultra Fine Dead Sea Mineral Compound |                      |  |  |  |  |
| I              | Express Mail Label N |                                      | D. EV 097876889 US   |  |  |  |  |

(Only for new nonprovisional applications under 37 CFR 1.53(b))

| APPLICA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | TION ELEMENTS                                                                                                                                                                                                                                                                                                                                                                                                                           | ADDRESS TO: Assistant Commissioner for Patents  Box Patent Application                                                                                                                                                                                                                                                                     |                                          |          |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|----------|--|
| See MPEP chapter 600 cond                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                         | ADDRESS TO: Box Patent Application Washington, DC 20231                                                                                                                                                                                                                                                                                    |                                          |          |  |
| 1. Fee Transmittal F (Submit an original and a Applicant claims s See 37 CFR 1.27 Specification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <ol> <li>CD-ROM or CD-R in duplicate, large table or<br/>Computer Program (Appendix)</li> <li>Nucleotide and/or Amino Acid Sequence Submission<br/>(if applicable, all necessary)</li> </ol>                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                            |                                          |          |  |
| (preferred arrangemen - Descriptive title - Cross Reference - Statement Reg - Reference to see or a computer programmer - Background of - Brief Summary - Brief Description - Detailed Description - Claim(s) - Abstract of the - Drawing(s) (35 U Drawing(s) (35 U Description - Detailed Description - Detailed Description - Claim(s) - Abstract of the - Drawing(s) (35 U Drawing(s) (35 U Description - Declaration - Declaration - Declaration - Declaration - Declaration - Descriptive - Description - Declaration | a. Computer Readable Form (CRF)  b. Specification Sequence Listing on:  i. CD-ROM or CD-R (2 copies); or  ii. paper  c. Statements verifying identity of above copies  ACCOMPANYING APPLICATION PARTS  9. Assignment Papers (cover sheet & document(s))  10. 37 CFR 3.73(b) Statement Power of Attorney  11. English Translation Document (if applicable)  12. Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS Citations |                                                                                                                                                                                                                                                                                                                                            |                                          |          |  |
| b. Copy from a (for continua i. DELET Signed stanamed in 1.63(d)(2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | uted (original or copy) prior application (37 CFR 1.63 (d)) tion/divisional with Box 18 completed)  ION OF INVENTOR(S) tement attached deleting inventor(s) the prior application, see 37 CFR and 1.33(b).  Sheet.S ee 37 CFR 1.76                                                                                                                                                                                                      | 13. Preliminary Amendment  14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)  15. Certified Copy of Priority Document(s) (if foreign priority is claimed)  16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.  17. Other: Per non to make special |                                          |          |  |
| 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment or in, an Application Data Sheet under 37 CFR 1.76:    Continuation   Divisional   Continuation-in-part (CIP)   Of prior application No.:   09 / 931,453    Prior application information:   Examiner:   Mark Rosenbourn   Group Art Unit:   3725    For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied und Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference the incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                            |                                          |          |  |
| 19. CORRESPONDENCE ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                            |                                          |          |  |
| Customer Number or Bar Code Label  (Insert Customer No. or Attach bar code label here)  or Correspondence address below                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                            |                                          |          |  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                            |                                          |          |  |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                            |                                          | <u> </u> |  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                         | State                                                                                                                                                                                                                                                                                                                                      | Zip C                                    | Code     |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Telep                                                                                                                                                                                                                                                                                                                                                                                                                                   | hone                                                                                                                                                                                                                                                                                                                                       | Fa                                       |          |  |
| Name (Print/Type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Name (Print/Type) Michelle L. Evans                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                            | Registration No. (Attorney/Agent) 44,673 |          |  |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                            | Date 06/23/0.                            |          |  |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

PTO/SB/17 (05-03)
Approved for use through 04/30/2003. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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| FEE TO ANO                                 | NAITTAI     | Complete if Known    |                       |  |  |  |
|--------------------------------------------|-------------|----------------------|-----------------------|--|--|--|
| FEE TRANS                                  | WILLIAL     | Application Number   |                       |  |  |  |
| for FY 2                                   | 0003        | Filing Date          |                       |  |  |  |
| Effective 01/01/2003. Patent fees are suit |             | First Named Inventor | Morris (NMI) Samelson |  |  |  |
|                                            | <u> </u>    | Examiner Name        |                       |  |  |  |
| Applicant claims small entity status.      |             | Art Unit             |                       |  |  |  |
| TOTAL AMOUNT OF PAYMENT                    | (\$) 547.00 | Attorney Docket No.  | P-5435(CON)           |  |  |  |

| TOTAL AMOUNT OF PATMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Attorney Docket No.   P-3433(CON) |                     |             |             |                                                                                 |              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------|-------------|-------------|---------------------------------------------------------------------------------|--------------|
| METHOD OF PAYMENT (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | FEE CALCULATION (continued)       |                     |             |             |                                                                                 |              |
| Check Credit card Money Other None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 3. ADDITIONAL FEES                |                     |             |             |                                                                                 |              |
| Deposit Account:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Large                             | Entity              | Small       | Entity      |                                                                                 |              |
| Deposit Coodin.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Fee<br>Code                       | Fee<br>(\$)         | Fee<br>Code | Fee<br>(\$) | Fee Description                                                                 | Too Boid     |
| Account                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1051                              | ( <del>*</del> )    | 2051        |             | Surcharge - late filing fee or oath                                             | Fee Paid     |
| Number<br>Deposit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1052                              | 50                  | 2052        |             | Surcharge - late provisional filing fee or                                      |              |
| Account                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1032                              | 30                  | 2032        | 23          | cover sheet                                                                     |              |
| Name The Director is authorized to: (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1053                              | 130                 | 1053        |             | Non-English specification                                                       |              |
| Charge fee(s) indicated below Credit any overpayments                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1812                              | 2,520               | 1812        | 2,520       | For filing a request for ex parte reexamination                                 |              |
| Charge any additional fee(s) during the pendency of this application                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1804                              | 920*                | 1804        | 920*        | Requesting publication of SIR prior to<br>Examiner action                       |              |
| Charge fee(s) indicated below, except for the filing fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1805                              | 1,840*              | 1805        | 1,840*      | Requesting publication of SIR after                                             |              |
| to the above-identified deposit account.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 4054                              | 440                 | 2254        | <i>EE</i>   | Examiner action                                                                 |              |
| FEE CALCULATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1251                              | 110                 | 2251        | 55          | Extension for reply within first month  Extension for reply within second month |              |
| 1. BASIC FILING FEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1252                              | 410                 | 2252        | 205         | • •                                                                             |              |
| Large Entity Small Entity Fee Fee   Fee Fee Fee Description   Fee Paid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1253                              | 930                 | 2253        |             | Extension for reply within third month                                          |              |
| Fee Fee Fee Fee Pee Description Fee Paid Code (\$) Code (\$)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Ï                                 | 1,450               | 2254        | 725         | Extension for reply within fourth month                                         |              |
| 1001 750 2001 375 Utility filing fee 375.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1255                              | 1,970               | 2255        | 985         | Extension for reply within fifth month                                          | <del> </del> |
| 1002 330 2002 165 Design filing fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1401                              | 320                 | 2401        | 160         | Notice of Appeal                                                                |              |
| 1003 520 2003 260 Plant filing fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1402                              | 320                 | 2402        | 160         | Filing a brief in support of an appeal                                          |              |
| 1004 750 2004 375 Reissue filing fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1403                              | 280                 | 2403        | 140         | Request for oral hearing                                                        | <u> </u>     |
| 1005 160 2005 80 Provisional filing fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1451                              | 1,510               | 1451        | 1,510       | Petition to institute a public use proceeding                                   | LI           |
| SUBTOTAL (1) (\$) 375.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1452                              | 110                 | 2452        | 55          | Petition to revive - unavoidable                                                |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1453                              | 1,300               | 2453        | 650         | Petition to revive - unintentional                                              |              |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1501                              | 1,300               | 2501        | 650         | Utility issue fee (or reissue)                                                  |              |
| Extra Claims below Fee Paid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1502                              | 470                 | 2502        | 235         | Design issue fee                                                                |              |
| Total Claims 16 -20** = -4 X = 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1503                              | 630                 | 2503        | 315         | Planti ssue fee                                                                 | <u> </u>     |
| Claims 4 - 3** = 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1460                              | 130                 | 1460        | 130         | Petitions to the Commissioner                                                   | 130.00       |
| Multiple Dependent = 0.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1807                              | 50                  | 1807        | 7 50        | Processing fee under 37 CFR 1.17(q)                                             |              |
| Large Entity   Small Entity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1806                              | 180                 | 1806        |             | Submission of Information Disclosure Stmt                                       |              |
| Fee Fee Fee Fee Description Code (\$)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 8021                              | 40                  | 802         | 1 40        | Recording each patent assignment per property (times number of properties)      |              |
| 1202 18 2202 9 Claims in excess of 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1809                              | 750                 | 2809        | 375         | Filing a submission after final rejection                                       |              |
| 1201 84 2201 42 Independent claims in excess of 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |                     |             |             | (37 CFR 1.129(a))                                                               | <b> </b>     |
| 1203 280 2203 140 Multiple dependent claim, if not paid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1810                              | 750                 | 2810        | 375         | For each additional invention to be examined (37 CFR 1.129(b))                  |              |
| 1204 84 2204 42 ** Reissue independent claims over original patent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1801                              | 750                 | 2801        | 375         | Request for Continued Examination (RCE)                                         |              |
| 1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1802                              | 900                 | 1802        | 900         | Request for expedited examination of a design application                       |              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Other                             | Other fee (specify) |             |             |                                                                                 |              |
| SUBTOTAL (2) (\$) 42.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | l.                                |                     |             | Filing F    | ee Paid SUBTOTAL (3) (\$) /3                                                    | 0.00         |
| **or number previously paid, if greater; For Reissues, see above                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <u></u>                           |                     | ==          |             | σουτοτίλε (σ) <u> </u> (φ) /2                                                   | 0,00         |
| SUBMITTED BY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <del>, , ,</del>                  | 7                   | 4!= : À !=  |             | (Complete (if applicable)                                                       |              |
| Attached to the Common of the | 1 /                               | <i>reaistra</i>     | ition No    |             | 70/00/0000 04/0 00G 0E/00                                                       |              |

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This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

## GUNN, LEE & HANOR, P.C.

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C. Donald Gunn (1936-1999)

P-5435(CON)

June 23, 2003

Mail Stop PATENT APPLICATION Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

RE: U.S. Divisional Patent Application entitled "Ultra Fine Dead Sea Mineral Compound and Method of Manufacture

Dear Sir:

Enclosed please find the following items for filing on the above referenced divisional patent application:

- 1. Utility Patent Application Transmittal;
- 2. Fee Transmittal for FY 2003;
- 3. Patent Application Fee Determination Record;
- 4. Patent Application (26 pages) with Drawings (4 pages);
- 5. Information Disclosure Statement;
- 6. Combined Declaration and Power of Attorney(6 pages);
- 7. Declaration in Support of Petition to Make Special;
- 8. Certificate of Mailing
- 9. Check in the amount of \$375 to cover filing fee;
- 10. Check in the amount of \$42 to cover extra independent claim, and
- 11. Check in the amount of \$130 to cover Petition filing fee

Please stamp the enclosed acknowledgment card with the date of receipt and return to my office.

Sincerely,

Michelle L. Evans

Enclosures

cc: Morris Samelson

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## **CERTIFICATE OF MAILING**

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited on the date shown below with the United States Postal Service in an envelope addressed to the "Commissioner for Patents, Mail Stop PATENT APPLICATION, P.O. Box 1450, Alexandria, VA 22313-1450," as follows:

| 37 CFR 1.8(a)                                    | 37 CFR 1.10                                                   |
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| [ ] With sufficient postage as First Class Mail. | As "Express Mail Post Office to Addressee", Mailing Label No. |
| Date:, 2003                                      | Date: <u>June 23</u> , 2003                                   |

## Documents Enclosed:

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Printed Name of Person Mailing Paper or Fee

Signature of Person Mailing Paper or Fee